



WORKFLOW NUMBER

# Member Application

## PERSONAL DETAILS

PLEASE USE BLOCK LETTERS AND **BLACK** INK WHEN COMPLETING THIS FORM.

MR/MRS/MS/MISS/DR/OTHER  SURNAME  CURRENT ACSUPER MEMBER NUMBER

GIVEN NAMES

STREET ADDRESS / PO BOX

SUBURB / TOWN / CITY  STATE  POSTCODE

DATE OF BIRTH (DD/MM/YYYY)  TELEPHONE (AH)  (BH)  MOBILE

COMMUNICATION  
To facilitate communication and minimise the use of paper, electronic mail (email) may be used. If you agree to accept this form of communication, please provide us with your email address. We only use your email for superannuation related communication such as Fund newsletters, seminar dates & investment updates. We do not sell your email address.

EMAIL ADDRESS

## EMPLOYMENT DETAILS

EMPLOYER TRADING NAME  ACSUPER EMPLOYER NUMBER (IF KNOWN)

OCCUPATION  SALARY (PER ANNUM) \$  DATE JOINED EMPLOYER (DD/MM/YYYY)

HOW ARE YOU EMPLOYED?  PERMANENT  PART-TIME NO OF HOURS WORKED PER WEEK   CASUAL

## INVESTMENT CHOICE

You can choose how you want your super invested. ACSuper offers Standard Investment Options, as well as a Tailored Option. The Tailored Investment Option allows you to mix your investments across a number of sector specific funds. You should consider obtaining financial advice before making a decision especially if choosing the Tailored Option. If you do not complete this section, your benefit will be fully invested in the default Ethical Balanced Option. Your selection will be effective from the date your instructions reach ACSuper Administration. You may change your Investment Option at any time. Please invest my current superannuation account balance and pay my future contributions to the Investment Option indicated below:

100% Standard with following Portfolio allocation.

OR

100% Tailored with following sector specific allocation. (You may only choose this option if you have signed the Advice Declaration below):

_____	%
CONSERVATIVE	_____
MODERATE	_____
BALANCED	_____
ETHICAL BALANCED	_____
GROWTH	_____
ETHICAL GROWTH	_____
HIGH GROWTH SHARES	_____
<b>TOTAL</b>	<b>100%</b>

_____	%
CASH	_____
FIXED INTEREST	_____
PROPERTY	_____
AUSTRALIAN SHARES	_____
OVERSEAS SHARES	_____
ETHICAL SHARES	_____
ALTERNATIVE ASSETS (MAX 50%)	_____
<b>TOTAL</b>	<b>100%</b>

**Advice Declaration** (for members choosing the Tailored Option)  
I, the undersigned, confirm that ACSuper has recommended that I seek appropriate financial advice and I acknowledge the risk associated with the chosen investment mix.

SIGNATURE OF MEMBER

DATE (DD/MM/YYYY)

Contact Australian Christian Services Financial Planning on 1800 646 777 for assistance.

## PREFERRED BENEFICIARY DETAILS (IN THE EVENT OF DEATH)

FULL NAME	ADDRESS	RELATIONSHIP (EG. SPOUSE, SON)	PERCENTAGE TO BE PAID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Under the terms of the trust document constituting the Fund, the benefit payable in the event of death will be paid at the absolute discretion of the Trustee of the Fund to such person or persons from amongst the beneficiaries as may be selected by the Trustees or to the legal representative(s) of the member.

The notification of preferred beneficiaries has no legal binding on the Trustee and does not in any way or restricts any authority, power or discretion vested in the Trustee to pay the benefit. The notification may be revoked at any time and will be cancelled automatically by any subsequent notification.

## TAX FILE NUMBER (TFN) DETAILS

Superannuation funds are authorised by legislation (Superannuation Industry (Supervision) Act 1993, Privacy Act 1988, taxation acts including income tax and superannuation surcharge legislation) to ask you for your TFN and employers are required to pass on your TFN to your superannuation fund. The Trustee can only use TFNs for lawful purposes. It is not an offence for you to withhold your TFN, however the consequences of doing so are:

- The tax deductible contributions will be taxed at the top marginal tax rate plus Medicare levy;
- The fund will not be able to accept non-deductible contributions.

Do you agree to provide your Tax File Number?

No

Yes  My TFN is:

## ADDITIONAL INSURANCE COVER

Do you wish to have additional insurance cover?

No

Yes  If you wish to apply for additional insurance cover, please complete and return the Additional Insurance Cover application form.

**IMPORTANT:** All eligible members automatically receive 2 units of Death and Total & Permanent Disablement cover (\$100,000) and 3 units of Income Protection (\$300 p/w). For income protection, you must be working greater than 15 hours per week and not be employed on a casual basis.

Contact Australian Christian Services, Financial Planning on 1800 646 777 if you have any queries.

## PRIVACY

ACSuper collects your personal information to set up and run an ACSuper membership account in your name. If you choose not to give us your personal information we may not be able to provide you with all of ACSuper's benefits. We will only share your personal information with others where required, such as to an insurance company which provides you with insurance cover. You are able to gain access to your own personal information by asking for it. Full details of the ACSuper Privacy Policy are contained in the Product Disclosure Statement on page 29.

## DECLARATION

When you have read the ACSuper Product Disclosure Statement thoroughly, including the Member Investment Choice section and the Insurance Cover section, complete the Member Application form and return along with the Additional Insurance cover form and Request to Rollover Superannuation Benefits form (if applicable) to ACSuper Administration.

I hereby apply to become a member of ACSuper. I have read and understood the accompanying Product Disclosure Statement and agree to be bound by the Trust Deed that governs this Fund. I acknowledge that I have read and accept the terms of ACSuper Privacy Policy.

SIGNATURE OF MEMBER

X

DATE (DD/MM/YYYY)



Return this completed form to:  
Australian Christian Superannuation  
Customer Service Centre  
PO Box 3401, Albury NSW 2640